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SERIAL NUMBER 10/090,268	FILING DATE 03/04/2002 RULE	CLASS 600	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 2001-8050-RA
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APPLICANTS

Robert Wyckoff, Smith River, CA;

** CONTINUING DATA *****

none AMR

** FOREIGN APPLICATIONS *****

none AMR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/25/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <u>AMR</u> Initials				

ADDRESS

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TITLE

Sleep apnea device and method thereof

FILING FEE RECEIVED 406	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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